



# MILWAUKEE COUNTY BOARD OF SUPERVISORS INTERNSHIP PROGRAM APPLICATION

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION

## PERSONAL INFORMATION

NAME \_\_\_\_\_  
(LAST) (M) (FIRST)

ADDRESS \_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

CELL PHONE \_\_\_\_\_

UNIVERSITY EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

FOREIGN LANGUAGE PROFICIENCY (IF ANY) \_\_\_\_\_

## SESSION INFORMATION

### 1. INTERNSHIP SESSION FOR (PLEASE CHECK APPLICABLE)

SPRING (JAN-MAY 2015) \_\_\_\_\_

SUMMER (JUNE-AUG 2015) \_\_\_\_\_

FALL (SEPT-DEC 2015) \_\_\_\_\_

### 2. AREA OF INTEREST (PLEASE CHECK APPLICABLE)

A. *PUBLIC RELATIONS* \_\_\_\_\_

B. *JUDICIAL, PUBLIC SAFETY, COURTS AND CORRECTIONS* \_\_\_\_\_

C. *HEALTH AND HUMAN NEEDS* \_\_\_\_\_

D. *ECONOMIC DEVELOPMENT* \_\_\_\_\_

E. *FINANCE AND BUDGET* \_\_\_\_\_

F. *PARKS AND RECREATION* \_\_\_\_\_

G. *STATE AND FEDERAL RELATIONS* \_\_\_\_\_

H. *TRANSPORTATION* \_\_\_\_\_

3. AVAILABILITY PER WEEK (CROSS OUT THE TIMES YOU CANNOT WORK)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 A.M.					
9:00 A.M.					
10:00 A.M.					
11:00 A.M.					
12:00 P.M.					
1:00 P.M.					
2:00 P.M.					
3:00 P.M.					
4:00 P.M.					
5:00 P.M.					

PLEASE NOTE THAT THE MINIMUM HOURS WORKED MUST TOTAL 10 HOURS PER WEEK

## ACADEMIC INFORMATION

UNIVERSITY NAME \_\_\_\_\_

ACADEMIC STATUS DURING PROGRAM (PLEASE CHECK APPLICABLE)

FR\_\_\_\_ SOPH\_\_\_\_ JR\_\_\_\_ SR\_\_\_\_

EXPECTED DATE OF GRADUATION \_\_\_\_\_

WILL YOU RECEIVE ACADEMIC CREDIT FOR THIS INTERNSHIP? \_\_\_\_\_

MAJOR AND MINOR \_\_\_\_\_ (MAJOR) \_\_\_\_\_ (MINOR)

**APPLICATION DEADLINE: SEPT. 18, 2015 FOR THE FALL 2015 TERM**

ADDITIONAL ITEMS REQUIRED FOR SUBMISSION

1. RESUME

- EDUCATIONAL BACKGROUND AND GPA
- RELEVANT WORK EXPERIENCE AND EXTRACURRICULAR ACTIVITIES
- ADDITIONAL SKILLS, HONORS, OR AWARDS.

2. INCLUDE A ONE PAGE, TYPED STATEMENT REGARDING YOUR INTERESTS IN AN INTERNSHIP FOR THE LEGISLATIVE BRANCH OF MILWAUKEE COUNTY WITH THE BOARD OF SUPERVISORS AND WHAT YOU WOULD LIKE TO LEARN FROM THIS EXPERIENCE.

PLEASE SUBMIT YOUR COMPLETED APPLICATION VIA **EMAIL** TO INTERN COORDINATOR KIMBERLY HADINATA AT [KIMBERLY.HADINATA@MILWAUKEECOUNTYWI.GOV](mailto:KIMBERLY.HADINATA@MILWAUKEECOUNTYWI.GOV) **OR**

VIA **MAIL** TO:

KIMBERLY HADINATA  
901 NORTH 9TH STREET, RM 201  
MILWAUKEE, WI 53233